		PART B	s - FEE(S)	TRANSMITTAL				
DEC 3 0 2005	his form, together wi	th applicable f		P.O. Box 1450 Alexandria, V	r for Patents irginia 22313-1450			
TO DEC 9 O TOOL			or .	Fax (571) 273-2885)	*		
			TE FEE and ders and not specifying	PUBLICATION FEE (if r ification of maintenance fer a new correspondence addr	equired). Blocks I through a swill be mailed to the curress; and/or (b) indicating a s	5 should be completed wher ent correspondence address a separate "FEE ADDRESS" fo		
	CE ADDRESS (Note: Use Block 1 for 590 11/15/2005	any change of address)		Note: A certificate Fee(s) Transmittal papers. Each addit have its own certif	of mailing can only be use This certificate cannot be us ional paper, such as an assign cate of mailing or transmission	d for domestic mailings of the dor any other accompanying ment or formal drawing, much on.		
John W. Carpente Reed Smith LLP P.O. Box 7936 San Francisco, CA					Cartificate of Mailing or Tr			
1/03/2006 AKELECH2 00		05		Mary Ke		(Depositor's name		
4 FP-25A4 7AA	00 DA			Ma	m VII	(Signature		
1 FC:2501 700.	OO DH		_	12/2	12000	(Date		
APPLICATION NO.	FILING DATE		FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO.		
10/781,205	02/17/2004		Arthur	Berman	356508.01801	1947		
APPLN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
	<u> </u>							
nonprovisional	YES	\$700		\$0 CLASS-SUBCLASS	\$700	02/15/2006		
EXAMINER A				359-628000				
1. Change of correspondenc CFR 1.363).	e address or indication of "F	ee Address" (37		nting on the patent front pag	· innn	Carpenter		
Change of correspond	dence address (or Change of 22) attached.	Correspondence		OR, alternatively,	Reed	Smith, LLP		
"Fee Address" indica	tion (or "Fee Address" Indicator more recent) attached. Use	ation form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	RESIDENCE DATA TO B							
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app	pear on the patent. If an as for filing an assignment.	signee is identified below, th	ne document has been filed for		
(A) NAME OF ASSIGN	EE	(B) RESIDENC	CE: (CITY and STATE OR	COUNTRY)			
LightMaste	r Systems, Inc.	Cupertino	o, Calif	fornia				
Please check the appropriate	e assignee category or catego	ries (will not be pri	inted on the p	patent): 🗖 Individual 🗴	Corporation or other private	group entity Governmen		
4a. The following fee(s) are	enclosed:	4b	. Payment of	Fee(s):				
X Issue Fee			A check in the amount of the fee(s) is enclosed.					
	small entity discount permitte	ed)	Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # or			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2603 (enclose an extra copy of this form).					
	(from status indicated above		□h Applia	cent is no longer claiming SI	MALL ENTITY status See 2	7 CED 1 27(a)(2)		

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Date 12-27-2005 Authorized Signature

John Carpenter Typed or pripted name

Registration No. 39,129

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/17 (10-04v2)
Approved for use through 07/31/2006, OMB 0851-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT 700.

Complete if Known						
Application Number	10/781,205					
Filing Date	February 17, 2004	·				
First Named Inventor	Arthur Berman					
Examiner Name	Tra, Tuyen. Q.					
Art Unit	2873					
Attorney Docket No.	<u>356508.01801</u>					

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)					
	3. ADDITIONAL FEES					
☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None	Large	Large Entity		ntity		
☐ Deposit Account:	Fee Code	Fee (\$)		Fee (\$)	Fee Description	Fee Paid
Deposit Fo 2022	1051	130	2051	65	Surcharge - late filing fee or oath	
Account 50-2603 Number	1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
Deposit	1053	130	1053	130	Non-English specification	
Account REED SMITH LLP	1812	2,520	1812	2,520	For filing a request for reexamination	
Name ·	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
The Director is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
☐ Charge fee(s) indicated below, except for the filing fee	1251	120	2251	60	Extension for reply within first month	
to the above-identified deposit account. FEE CALCULATION	1252	450	2252	225	Extension for reply within second month	
	1253	1020	2253	510	Extension for reply within third month	
1. BASIC FILING FEE Large Entity Small Entity	1254	1,590	2254	795	Extension for reply within fourth month	
Fee Fee Fee Fee Description	1255	2,160	2255 1	1,080	Extension for reply within fifth month	
Code (\$) Code (\$) Fee Paid	1401	500	2401	250	Notice of Appeal	
	1402	500	2402	250	Filing a brief in support of an appeal	
	1403	1,000	2403	500	Request for oral hearing	
1004 790 2004 395 Reissue filing fee	1451	1,510	1451 1	1,510	Petition to institute a public use proceeding	
1005 200 2005 100 Provisional filling fee SUBTOTAL (1) (\$) 0	1452	500	2452	250	Petition to revive – unavoidable	
A FYTRA OLANA SESSEED HTHERY AND OSCIOLIS	1453	1,500	2453	750	Petition to revive – unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,400	2501	700	Utility issue fee (or reissue)	700.
Extra Fee from Fee Claims below Paid	1502	800	2502	400	Design issue fee	
Total Claims = 0 · · X 50. = 0	1503	1,100	2503	550	Plant issue fee	
Independent	1460	130	1460	130	Petitions to the Commissioner	
Claims = 0 X 200. = 0	1807	50	1807	50	Processing fee under 37 CFR 1.17 (q)	
Multiple Dependent X = 0	1806	180	1806	180	Submission of Information Disclosure Stmt	
Large Entity Small Entity	1				Recording each patent assignment	
Fee Fee Fee Fee Description	8021	40	8021	40	per property (times number of properties)	
Code (\$) Code (\$) Fee Description	1809	790	2809	395	Filing a submission after final rejection	
1201 200 2201 100 Independent claims in excess of 3	1810	790	2810	395	(37 CFR § 1.129(a)) For each additional invention to be	
1203 360 2203 180 Multiple dependent claim, if not paid ** Reissue independent claims over],,,,	730	2010	535	examined (37 CFR § 1.129(b))	
1204 200 2204 100 original patent	1801	790	2801	395	Request for Continued Examination (RCE)	
1205 50 2205 25 Reissue claims in excess of 20 and over original patent	1802	900	1802	900	Request for expedited examination of a design application	
SUBTOTAL (2) 0						-
	Other	fee (specify	/)			
**or number previously paid, if greater; For Reissues, see above	*Redu	iced by Bas	sic Filing F	Fee Pa	sid SUBTOTAL (3) (\$) 700).
SUBMITTED BY					Complete (if applicable)	

Registration No. (Attorney/Agent) Name (Print/Type) nter Telephone 415-659-5927 39,129 Signature 12-28-200

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